

<h2 style="margin: 0;">CLAIMS ONLY</h2>							Application Number <div style="font-size: 24pt; font-family: cursive;">101580357</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
							Applicant(s) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	*	Indep	Depend	*
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